





Name of school/setting		Walpole Cro	Walpole Cross Keys Primary School		
Name of child					
Date medicine pro	vided by parent/ca	rer			
Year Group					
Quantity received					
Name and strength	n of medicine				
Expiry date					
Quantity returned to parent/carer					
Dose and frequence	y of medicine				
Staff signature: Parent signature:					
Date	Time Given	Dose Given	Name of member of staff	Staff initials	

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